

NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING and PATIENT CARE SERVICES

PROCEDURE: Papoose Restraint Application in Behavioral Health Settings

Approved:

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I. Papoose Restraint Application

A. Essential Information:

- As a most restrictive intervention, the papoose may be utilized in emergencies to provide safety and prevent harm, and/or to protect children or others from injury in behavioral health settings.
- Papoose should be used with caution in children with a history of seizures, as papoose could impede thorough assessment and necessary supportive interventions if a seizure were to occur.
- Child must not be lifted and moved after they are contained in the papoose, due to risk of dropping the restrained child. Therefore foresight is highly necessary regarding where the procedure will be performed, e.g., child's room versus the seclusion room.

B. Equipment:

- Papoose board (size regular, large , or extra large)

C.	Steps	Key Points
1.	Assemble equipment: regular size papoose board, large, or extra large size.	1. Select the appropriate size to minimize the risk of impairing circulation and prevent escape. Child's height should approximate configuration of board.
2.	Inspect papoose for integrity and safety.	2. Check for torn material; unfasten Velcro.
3.	Assemble a team of at least 3 staff members. Designate a leader.	3. At least 3 staff are necessary to safely secure the child physically, however, a team of at least four staff is optimal to place the child in the papoose.
4.	Inform child of procedure. Utilize simple concrete statements to attempt to elicit child's assent and cooperation.	4. Knowing what to expect may lower the child's anxiety and enhance cooperation. Use of concrete, age appropriate language helps child to understand directions at time of intense distress.
5.	Avoid application of force on long bone joints when applying or repositioning papoose.	5. Papoose should not be applied over IV sites or injured limb.
6.	Remove belts, jewelry, shoes, or other clothing and articles that would be harmful or interfere with papoose; empty all pockets.	
7.	Always place the papoose on floor.	7. While restrained in the papoose, child must remain on floor at all times to prevent falls.
	8. Open all Velcro flaps in a position so they are lying flat.	

9. Place the child on the center of the papoose board in supine position.
10. Restrain both arms with wrist and upper arm Velcro straps. Secure straps so that tight straps do not impede circulation.

9. Papoose restraint was designed for supine position only.
- 10.



11. Secure abdominal flaps to allow for chest expansion and ease of breathing.



12. To close, securely crisscross leg flaps to discourage struggling.

12. Do not secure leg flaps over legs crossed at ankle: excessive pressure may be exerted on kneecaps.



13. Fasten shoulder flaps securely.

13. Shoulder movement contained, so that upper body struggle is unproductive.

14. Fasten head strap if needed to immobilize head.



15. The team leader assigns one staff member to monitor the child on a continuous basis while in the papoose.
DO NOT TRANSPORT CHILD IN PAPOOSE.

15. Continuous staff observation provides safety, reassurance, support, and reality orientation.

16. Involved staff review the procedure immediately following the intervention.

16. Critical review session provides opportunity to evaluate efficacy of intervention and provides opportunity for professional expression of feelings evoked by aggressive behavior. As part of follow-up and therapeutic care planning, criteria for discontinuing papoose restraint are established now. The team identifies factors contributing to child's immediate and ongoing loss of control, and incorporates this preventative assessment into the care planning process.

17. N.B.: Special care and monitoring of vital signs and fluids are provided to the child/patient in the papoose beyond those instructed in the Restraint and Seclusion Policy (2003). Temperature, pulse, and respirations are obtained and documented q 30 minutes; BP is monitored and recorded q 2 hours.

17. Restraint in the papoose requires more frequent VS monitoring due to the highly restrictive nature of the papoose enclosing the entire body. VS are obtained whether or awake or asleep.

18. Clean papoose (board and flaps) with DISPATCH cleaner after each child's

18. DISPATCH is available from CHS Department. DISPATCH is a

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| <p>use.</p> <ol style="list-style-type: none"> a. Spray surface thoroughly until completely wet. b. Wait 2 minutes for disinfection and wipe clean with damp sponge, cloth, or paper towel. c. No rinsing is needed; if excessive soil is present, remove prior to disinfecting. <p>19. Wash flaps in washing machine in cold water. Do not place flaps in dryer.</p> | <p>disinfectant with bleach; it kills staph, salmonella, TB, HIV-1, pseudomonas, herpes simplex virus, and poliovirus. Cleaning is essential for prevention of spread of bacteria or viruses.</p> <p>19. Cleaning for prevention of spread of infection.</p> |
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D. Documentation

1. Behavioral Health Restraint and Seclusion Log (NIH-2580-1 rev 5-03)
2. Seclusion and Restraint Posting Form Behavioral Health Setting (NIH-2797)
3. Restraint or Seclusion Licensed Independent Practitioner (LIP) Progress Note (NIH-509)
4. Continued Restraint or Seclusion Authorization by Clinical Director or his/her designee For Behavioral Health Patients Only (NIH-509)
5. Report ANY hands-on intervention utilized to transport child to papoose, AND actual use of papoose itself.

References:

1. Olympic Medical Supply Catalogue. 1994. Papoose Instructions. Seattle, Washington.
2. Standard of Practice "Nursing Prevention and Management of Aggressive Behavior," 1995 (2003).
3. Clinical Center Medical Administrative Series Policy No. M-94-10 (revised 04 September 2003), Subject: Restraint and Seclusion.
4. Maryland Register. Subtitle 21 Mental Hygiene Regulations: 10.21.12. Use of the Quiet Room and Use of Restraints, Volume 19, Issue 22, Friday, October 30, 1992. Pages 2008-2011.